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ABSTRACT

Sources of variations in parents' assessment of helpgiving practices and perceived control appraisals were investigated in this study. Participants included 69 parents of children, birth to age five, with disabilities or at-risk for poor developmental outcomes. Results indicated that parent and family characteristics showed no relationship to either helpgiving practices or perceptions of personal control and self-efficacy. In contrast, program characteristics and helpgiving practices were highly associated with the degree to which parents indicated they had control over needed services, resources, and supports. The paper concludes by stating that at least three implications for the kinds of practices that need to be adopted if helpgiving is to have competency enhancing outcomes emerge from the study findings: (1) the ways in which services are provided are as important as the type of services provided; (2) helpgivers need to provide complete, meaningful information so that families can make informed decisions; and (3) helpgiving that results in families attributing change to their own actions appears to increase the likelihood that helpgiving relationships will be beneficial. Three tables present data and statistical analysis. Contains 36 references. (TS)

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Family-Centered Early Intervention: Program Practices Affecting Family Involvement

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Running Head: PROGRAM PRACTICES

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Abstract

This study investigated sources of variations in parents' assessment of helpgiving practices and perceived control appraisals. Participants included 69 parents of children, birth to age 5, with disabilities or at-risk for poor developmental outcomes. Results indicated that parent and family characteristics showed no relationship to either helpgiving practices or perceptions of personal control and self-efficacy. In contrast, program characteristics and helpgiving practices were highly associated with the degree to which parents indicated they had control over needed services, resources, and supports. Implications for improving helping relationships are discussed.

Family-Centered Early Intervention: Program Practices Affecting Family Involvement

The role of families in promoting the development and well-being of their children has become an increasing focus of attention as professionals try to cope with the problem of how to serve young children with disabilities. With the current move toward recognition of the importance of families, professionals are challenged to become more family-centered and to incorporate family systems theory into their service delivery practices. Although family-centered policies and practices are desirable and reflect best practice in providing early intervention services, relatively little research exits about the factors that promote and impede adoption of family-centered practices. The study described in this article specifically examined: (a) factors associated with parents' assessment of helpgiving practices of early intervention program personnel, and (b) the extent to which child, parent, and family background characteristics, program characteristics, and helpgiving practices influenced parental appraisal of personal control and self-efficacy over needed services, resources, and supports.

The involvement of families in decision-making is one of the hallmarks of family-centered services (McBride, Brotherson, Joanning, Whiddon, & Demmitt, 1993). By placing them in pivotal decision-making roles in all aspects of the selection and provision of supports and resources, families are provided with enabling experiences that are associated with empowering consequences (Dunst, Trivette & Deal, 1988; 1994). Empowering families to be involved in making decisions about goals and services for their child and family provides a basis for partnership in parent-professional relationships (Dunst, 1985).

Despite recent pleas for more active involvement of family members, most families assume limited roles in decision-making regarding their child and family and are provided with few meaningful choices (McBride et al., 1993; Mahoney & O'Sullivan, 1990). The dilemma that must be resolved is the disparity between the model of helping typically employed by professionals and the beliefs, attitudes, and behaviors necessary to promote greater participatory involvement on the part of the family (Dunst et al., 1994). According to Merton, Merton, and Barber (1983), most professionals would rather have clients succumb to their decisions concerning their course of care:

> Assuming an attitude of need, dependency, and trust can be a powerful means of influencing others' behavior....When joined with the legitimized role expectations that the professional is going to improve the client's lot, it takes on added force. It makes the professional feel important, responsible, and-at least by comparison with the client-capable. A client who fails to play the complementary role of dependent in some sense

> deprives the professional of a tool of the trade....Thus the prospect of clients' taking a more active and responsible role in their own care is unnerving in part because it seems that the less helpless the client, the less helpful the professional can be. (Merton et al., 1983, pp. 21-22)

To the extent that this attitude is embraced by a professional, it is in direct conflict with the conditions necessary for helping relationships to promote and strengthen the family's ability to meet their needs and those of their child (Chesler, 1985; Shelton, Jeppson, & Johnson, 1987).

According to Dunst et al (1994), a series of paradigm shifts need to occur if family-centered policy and practices are to become a reality. One of these shifts concern the adoption of help-giving practices that aim to empower families to become more actively involved in interventions that support and strengthen family functioning. This may require professionals to re-examine their roles and the roles of families in decision making (McBride et al., 1993). This may mean that professionals will have to take a more active role in relinquishing decision making to families and creating opportunities for families to acquire or display competencies that will help them deal more effectively with problems, demands, and aspirations.

Moreover, researchers have been able to demonstrate that helpgiving practices aligned with different kinds of helpgiving models differentially influence the sense of self-efficacy and personal control helpseekers experience as a result of helping relationships (Affleck, Tennen, & Rowe, 1991; Karuza, Zevon, Rabinowitz, & Brickman, 1982; O'Leary, 1985; Ozer & Bandura, 1990; Rabinowitz , Karuza, & Zevon, 1984; Zimmerman, 1990; Zimmerman & Rappaport, 1988; Zimmerman, Israel, Schulz, & Checkoway, 1992). For example, Zimmerman and his colleagues (1988, 1992) found that active involvement of people in mobilizing desired resources is an important factor contributing to perceived control. In addition, Trivette, Dunst, Boyd and Hamby (1995) found that the degree of family-centeredness of human services programs and the helpgiving styles of professionals were related to the degree to which parents reported control in terms of the provision of needed services and resources.

While researchers have recognized that different helpgiving attitudes, beliefs, and behaviors are associated with empowering and competency producing influences (Michlitsch & Frankel, 1989; Ozer & Bandura, 1990; Zimmerman & Rappaport, 1988; Zimmerman , Israel, Schulz, & Checkoway, 1992), little is known about program practices that affect the involvement of families in early intervention programs. It seems reasonable that the assessment of families' sense of control and self-efficacy would serve as a purposeful method for examining the effects of helping realtionships that aim to empower families.

Method

Participants

The participants were 69 parents (mostly mothers; 88%) of children with disabilities or at-risk for poor developmental outcomes between the ages of birth to 5. The study participants were recruited from 8 early intervention or preschool programs serving children with disabilities or those at-risk for poor outcomes due to biological (e.g., low birth weight) or environmental (e.g., family poverty) factors. Recruitment letters that described the study and invited the participation of families were distributed by program staff or our research staff. If parents elected to participate, a set of self-report measures (described in the next section), a background information sheet and consent form were either mailed or hand delivered to the families. Parents were asked to complete and return the scales directly to the investigator in a stamped envelope. Follow-up telephone calls were made to those not returning questionnaires after 3 weeks and again after 6 weeks. Of the 103 parent surveys that were distributed, 69 were returned, representing a return rate of 67%.

The background characteristics of the participants and their families are shown in Table 1. The majority of the participants' children had identifiable diagnoses and were considered at-risk or developmentally delayed at the time data were collected. Eighteen of the children had physical/sensory impairments, 13 had speech/language delays, 13 were considered developmentally at risk, 3 had cerebral palsy, and the remaining 22 had handicapping conditions resulting in mild to profound degrees of development delay. Of the children with disabilities, 68% were boys and 32% were girls. The sample had mean SES scores (as indicated by the Hollingshead Four Factor Index) (Hollingshead, 1975) representative of middle social class families.

Insert Table 1 here

Program Types

The study participants were involved in eight different types of early intervention and preschool programs in eastern Tennessee. Based on written and descriptive information and researcher experience with the programs, they could be organized into subsets of two program types: *service location* (home based or center based) and *service group* (birth to 3-year-old or 3-to 6-year-old). Only 39% of the families received their services primarily in the home whereas 61% of the families received their services primarily at the early intervention program site. In addition, 62% of the parents had children participating in programs for birth to 3-year-old whereas 38% of the parents had children participating in programs for 3- to 6-year-old.

Program philosophies and practices of programs varied on a continuum from professionally-centered to family-centered. Programs differed with respect to the conceptualization and focus of intervention practices, including the assumptions and attributions about families. For example, some programs view professionals as experts and give families little or no say in how resources and services are delivered. In contrast, other programs view professionals as the agents and instruments of families, and involve practices which encourage and promote active family involvement in acquiring knowledge, learning new competencies, and exercising choice that strengthen and supported family functioning.

Procedure

The participants completed the Helpgiving Practices Scale (Dunst, Trivette, & Hamby, in press), the Personal Control Appraisal Scale (Affleck, Tennen, & Rowe, 1991) and the Early Intervention Control Scale (Boyd & Dunst, 1994). At the time the participants completed the three scales, the background information presented in Table 1 was obtained about each respondent and her or his family and child. We also obtained from each respondent how frequently a target helpgiver intervened or worked with him or her each month, on the average, during the previous 6 months.

Helpgiving Practices Scale. This scale includes 16 items that measure a number of helpgiving attitudes, beliefs, and behaviors that have been extensively studied by researchers interested in the characteristics and consequences of different helpgiving models and styles (Brickman, Kidder, Coates, Rabinowitz, Cohn, & Karuza, 1983; Fisher, Nadler, & DePaulo, 1983, Nadler, Fisher, & Depaulo, 1983). The scale items are designed to measure a continuum of helpgiving characteristics that are empirically related to a number of positive help-seeker outcomes, including perceived control (see Dunst & Trivette, 1988; Dunst, Trivette, Davis, & Cornwell, 1988; Dunst, Trivette, & Deal, 1988, 1994).

A person completing the scale is asked to indicate, for each item, whether a target helpgiver displayed one of five marker behaviors during interactions with the respondent. The five behaviors from which a respondent selects are different for each item and are designed to measure a continuum of helpgiving behavior. The items measure helpgiver traits such as active listening, empathy, honesty, and caring and participatory involvement such as helpgiver/helpseeker collaboration, helpseeker decision making, and solution-based helpgiving. Both coefficient alpha and the split-half reliability of the scale are .96 (Dunst et al, in press). The parents were asked to complete the scale on a staff member who worked with the family on a regular basis as part of their participation in the target programs. The sum of the ratings for the Helpgiving Practices Scale items was used to compute a total helpgiving scale score.

Personal Control Appraisal Scale. This scale consists of a single-item which measures the extent to which the respondents are able to procure needed resources, supports, and services from a target helpgiver. Perceived control was rated on a 10-point scale varying from very little control to a great deal of control in response to the question "On a 10-point scale below, where a 1 is very little control and a 10 is a lot of control, how much control do you have in obtaining the kind of help and assistance you need from this helper?" This single-item scale correlates substantially (r = .70) with a multiple-item scale of perceived control in obtaining specific kinds of resources and supports from a target program. This kind of perceived control appraisal has been used extensively by Affleck and his colleagues (Affleck et al., 1991) and measures what Bandura (1977, 1986) calls efficacy expectations. The latter refers to a person's personal "conviction that one can successfully execute the behavior required to produce a (desired) outcome" (Bandura, 1977, p. 193). The score from this single-item was used as the measure for efficacy attribution.

Early Intervention Control Scale. This five-item scale (α = .92) specifically measures the extent to which a respondent has control over the timing and type of early intervention services provided to the respondent's family, the extent to which previous experiences procuring needed resources and services from the program have been successful, self-efficacy attributions about one's capabilities in obtaining desired resources, and overall satisfaction in obtaining services from the early intervention program. Each item is rated on a 5-point scale varying from rarely true to almost always true. The sum of the ratings for the five items was used as the measure for program control.

Frequency of Contact. The estimated number of contacts per month between the study participants and the target helpgiver was included as an independent variable because evidence indicates that frequency of contact might be related to respondents' assessment of both helpgiving practices and personal control (Dunst & Trivette, 1990).

Data Analyses

Hierarchical multiple regression analysis by sets (Cohen & Cohen, 1983) was used to ascertain the sources of variations in helpgiving practices, program control, and self-efficacy. The independent variables with helpgiving practices as the dependent measure were, in order of entry into the analysis, parent characteristics (age & education), family characteristics (socioeconomic status [SES]), child characteristics (child age & diagnosis), program characteristics, and frequency of contact between the respondent and target helpgiver. The independent variables with program control and self-efficacy as the dependent measures were, in order, parent characteristics, family characteristics, child characteristics, program characteristics, frequency of monthly

contact, and helpgiving practices. Contrast coding (Cohen & Cohen, 1983) was used to code program types to make the following comparison: center-based vs. home-based and 0-3 vs. 3-6.

This methodological approach permitted isolation of the relative contributions of family demographics first, followed by the contribution of program characteristics on helpgiving practices, and program characteristics and helpgiving practices on personal control measures. In each analysis, the increments (I) in R^2 were determined to assess whether the different sets of independent measures accounted for a significant proportion of variance in the dependent measures (helpgiving practices, program control, and self-efficacy). We analyzed the effects of family demographics first since the helpseeking literature suggests that parent and family characteristics are related to helpseeking behaviors (Melynk, 1988; Nadler, 1983), and therefore might influence a person's assessment of both helpgiving practices and sense of control (Dunst et al., 1995). The use of this type of analytic strategy allowed us to "tease apart" the relative importance of two equally plausible sets of explanatory factors on the dependent measures of research interest (Cohen & Cohen, 1983).

Results

Helpgiving Practices

Results from the final step of the five sets of regression analyses ascertaining the sources of variations in the assessment of helpgiving practices are shown in Table 2. Neither parent, family, nor program characteristics were related to helpgiving practices. However, child characteristics accounted for 8% of the variance, $F(2,63) = 3.23$, $p < .05$, in the helpgiver practices measure. Tests of the partial correlations of the two variables found that child's age, $r = -.312$, $t(66)$, $p < .01$, but not child's disability, associated with differences in helpgiver practices.

To examine the interrelation among helpgiving practices, Pearson product-moment correlations were calculated for the total sample among all predictor and outcome variables. The analysis revealed some disparities in the interrelationship among the program characteristics and helpgiving practices. The results indicated that helpgiver practices were associated with service location and service group. We did find that both home-based services ($r = .251$, $p < .05$) and intervention services for 0-3 children ($r = .273$, $p < .02$) were positively correlated with helpgiver practices, suggesting that home-based services and programs that serve birth to three-year-old children tend to use more effective helpgiving practices as rated by parents. Also noteworthy is the relation between helpgiving practices and frequency of contact. Within individual programs, the range of contact hours with target helpgivers per family was considerable, varying from less than one hour per month to more than five hours per month. Greater helpgiver

contact (in hours) with families was correlated with more empowering helpgiving practices ($r = .318, p < .01$). Helpgivers who had more frequent contact with the participants resulted in a more positive assessment of helpgiving practices.

Personal Control Appraisals and Self-efficacy

The findings from the two sets of analyses examining the relationships between child, parent, and family background characteristics, program characteristics, and helpgiving practices and the two perceived control measures are shown in Table 3. Both frequency of contact with the participants by the target helpgivers and helpgiving practices measures accounted for a significant amount of variance in both of the perceived control measures. None of the parent characteristics, family demographics or child characteristics measures was statistically related to personal control. The aggregate of both frequency of contact and helpgiving practices measure accounted for 30.2% and 34.1% of the variance in efficacy attributions and program control, respectively. Participation in programs in which parents had frequent contact with a target helpgiver who uses empowering helpgiving practices resulted in a greater degree of control and involvement over provisions of resources and services. Helpgivers in this study who employ participatory helpgiving practices resulted in participants being more actively involved in making decisions and choices and acting on their preferences.

The extent to which program characteristics were related to personal control measures was examined through correlational analyses. A significant positive correlation was found between both efficacy attributions and service location ($r = .271$, $p < .02$) and program control and service group ($r = .238, p < .05$). This bivariate relationship indicates parents' sense of control is enhanced when families receive services primarily in the home or programs that serve only birth to 3 populations.

Discussion

Taken together, the results from this study yield convincing evidence demonstrating a relationship between helpgiving practices and parental sense of control and self-efficacy appraisals. More specifically, parents experiencing highly effective helpgiving practices that actively involved them in making decisions and choices indicated greater degrees of perceived control compared to parents experiencing less effective helpgiving practices. Sources of variations in perceived control appraisals were related to a combination of program characteristics and helpgiving practices and not parent, family, or child characteristics.

Greater indications of control were reported by parents who participated in either home-base programs or birth to 3-year-old intervention services. The findings from this study also indicated that intervention programs with home-based components were rated more competency-enhancing than programs that were primarily center-based. One

interpretation of these findings is that the degree to which parents feel a sense of control and involvement in obtaining needed resources and support from a target helpgiver may be influenced substantially by the intervention setting. In other words, support and encouragement for families to be actively involved in making decisions and choices may be dictated to some extent by the opportunities afforded by the setting. Home-based settings may afford greater opportunities for professionals to employ helpgiving behaviors that enable and empower families. Although center-based settings do not keep intervention programs from involving families in decision making and self-determination, it is possible that these settings influence the roles and responsibilities assumed by professionals in a way that undermines a family's sense of competence.

The findings as a whole replicate results from similar studies demonstrating a powerful association between the kinds of practices used by program staff and the degree to which parents indicated a sense of self-efficacy and personal control (Affleck et al., 1991; Dunst et al., 1995; Karuza et al., 1982; Ozer & Bandura, 1990; Zimmerman, 1990; Zimmerman & Rappaport, 1988; Zimmerman et al., 1992). The findings clearly point to the fact that unless professionals employ helpgiving practices that actively involve families to understand the needs of their child, deploy competencies to meet those needs and feel a sense of competency over the desired outcomes, the chances of making positive impacts upon families will be diminished considerably (Dunst et al., 1995).

Several factors affect the degree to which the results of this study can be generalized to other samples. First, the majority of the participants were Caucasian and all resided in one geographical region. The results may not be applicable to families from other cultures or geographic areas. In addition, the majority of the families in this study had very recently become involved with early intervention services and reported satisfaction with the way in which a target helpgiver interacted with them. Perhaps this is a "honeymoon phase" in which families are so grateful and appreciative of services provided by professionals that any type of help provided is assessed as effective. Tracking the effectiveness of such help over time is critical as parents become more involved in early intervention services.

Another limitation relates to the data set regarding services. Our counts of hours of monthly contact between the study participants and the target helpgiver is reported by respondents and we have no information regarding the content of those contacts. Indeed, for any of the program variables that we derived (e.g., center-based, home-based, birth-three, etc.), the variation in the child's and family's experiences may be substantial. Therefore, the potential confounding effect of qualitative differences within each program component (e.g., issues related to the relationship between the family and target

helpgiver) must be acknowledged. The validity of our analyses is based on an assumption of random variability on these qualitative aspects across study participants, programs, and service formats/models.

At least three implications for the kinds of practices that need to be adopted if helpgiving is to have competency enhancing outcomes emerge from the present findings. The first implication stems from evidence suggesting that the ways in which services are provided are as important as the type of services provided. Findings from this study indicate that different kinds of helpgiving practices influence the sense of control parents report over the resources provided by a target helpgiver. This is in congruence with research indicating that helpgiving can have either empowering or usurpating consequences depending upon the practices used by helpgiving professionals (Dunst et al., 1994). A second implication concerns the need for helpgivers to provide complete, meaningful information so that families can make informed decisions. When helping relationships convey a sense of cooperation and shared responsibility, opportunities are created that permit families to have a greater understanding and control over services and decision making. Finally, helpgiving that results in families attributing change to their own actions appears to increase the likelihood that helpgiving relationships will beneficial. Professionals can help families become empowered by creating opportunities for family members to display competencies in such a manner that they attribute goal attainment primarily to their own actions. A helping relationship which adopts this approach promotes shared responsibility between families and professionals and enhances a family's sense of control and self-efficacy.

The ability to work effectively with families means that professionals must develop helping relationships that are likely to promote increased involvement and a sense of empowerment with parents and their children. Identifying factors that are associated with personal control appraisals of families involved in early intervention services as a result of helping relationships is vitally important toward becoming more family centered.

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Table 1

Characteristics of Respondents and Their Families

Characteristic	*Mean*	SD
Mother's Age	30.10	5.99
Mother's years of education	12.84	2.86
Father's Age	32.92	7.48
Father's years of education	13.55	3.33
Child's Age (months)	36.93	15.11
Number of children in family	1.90	.910
Family SES (Hollingshead, 1975)[a]	36.43	16.68
Family gross monthly income	$2,006.51	$1,185.09
	%	(n)
Married	77%	53
Mothers Working	38%	26
Ethnic background		
White	96%	65
African American	3%	2
Hispanic	1%	1
Mother's education		
Less than high school	17%	11
High school graduate	43%	30
Partial college/trade school	17%	12
College graduate	17%	12
Graduate degree	6%	4
Father's education		
Less than high school	23%	13
High school graduate	29%	18
Partial college/trade school	16%	10
College graduate	16%	10
Graduate degree	16%	10

[a] The distribution of scores according to social class is: 8-19 (low), 20-29 (low-middle), 30-39 (middle), 40-54 (middle-high), and 55-66 (high).

Table 2
Multiple Regression Coefficients (R^2) and Increments (I) in R^2 Between the Independent Variables and Helpgiving Practice Measures

	Helpgiving Practices	
Independent Variables	R^2	I
Demographic characteristics		
Parent age and education	.077	.077
Family SES	.119	.042
Child age and diagnosis	.201*	.082*
Program characteristics		
Program type	.206	.005
Frequency of contact	.247	.041

*$p < .05$

Table 3
Multiple Regression Coefficients (R^2) and Increments (I) in R^2 Between Independent Variables and Personal Control Measures

	Efficacy Attributions		Program Control	
Independent Variables	R^2	I	R^2	I
Demographic characteristics				
Parent age and education	.017	.017	.057	.057
Family SES	.057	.040	.059	.002
Child age and diagnosis	.080	.023	.118	.059
Program characteristics				
Program type	.135	.055	.147	.029
Frequency of contact	.214*	.079*	.239**	.092**
Helpgiving Practices	.437***	.223***	.488***	.249***

*$p < .05$. **$p < .01$. ***$p < .001$